

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	36992.00088 (HAL 197)
First Named Inventor	Kenji Yamagami
COMPLETE IF KNOWN	
Application Number	/Unknown
Filing Date	Unknown
Group Art Unit	Unknown
Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Apparatus for Backup and Restoring Systems

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR	<input checked="" type="checkbox"/> Correspondence address below												
<p>Paul A. Durdik, Esq. Squire, Sanders & Dempsey LLP</p> <p>Name 600 Hansen Way</p> <p>Address</p> <table border="1"> <tr> <td>Palo Alto</td> <td>CA</td> <td>94304</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> </tr> <tr> <td>U.S.A.</td> <td>(650) 856-6500</td> <td>(650) 856-3619</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>						Palo Alto	CA	94304	City	State	ZIP	U.S.A.	(650) 856-6500	(650) 856-3619	Country	Telephone	Fax
Palo Alto	CA	94304															
City	State	ZIP															
U.S.A.	(650) 856-6500	(650) 856-3619															
Country	Telephone	Fax															
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])		Family Name YAMAGAMI or Surname															
Inventor's Signature	<i>Kenji Yamagan</i>			Date 12-13-01													
Los Gatos	CA	U.S.A.	JAPAN	Citizenship													
Residence: City	State	Zip	Country														
<p>108 Calle Nivel</p> <p>Mailing Address</p> <table border="1"> <tr> <td>Los Gatos</td> <td>CA</td> <td>95032</td> <td>U.S.A.</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td>Country</td> </tr> </table>						Los Gatos	CA	95032	U.S.A.	City	State	Zip	Country				
Los Gatos	CA	95032	U.S.A.														
City	State	Zip	Country														
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name (first and middle [if any])		Family Name or Surname															
Inventor's Signature				Date													
Residence: City	State	Country	Citizenship														
<p>Mailing Address</p> <table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td>Country</td> </tr> </table>						City	State	Zip	Country								
City	State	Zip	Country														
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.																	

Please type a plus sign (+) inside this box +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Kenji Yamagami
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	36992.00088 (HAL 197)

I hereby appoint:

 Practitioners at Customer Number
OR Practitioner(s) named below:

Name/ Registration Number

Marc A. Sockol, Reg. No. 40,823; Daryl C. Josephson, Reg. No. 37,365; Cameron Kerrigan, Reg. No. 44,826;
 David B. Abel, Reg. No. 32,394; Nathan Lane, Reg. No. 43,738; Lorinda Howland, Reg. No. 42,671; Michael
 Lechter, Reg. No. 27,350; David Koo, Reg. No. 46,839; David Rogers, Reg. No. 38,287; William Bachand,
 Reg. No. 34,980; Aaron Wininger, Reg. No. 45,229; Paul A. Durdik, Reg. No. 37,819; Paul J. Meyer 47,791;
 Victoria L. Nicholson, Reg. No. 47,823; and Fariba Sirjani, Reg. No. 47,947.

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.
OR Practitioners at Customer Number
OR

<input type="checkbox"/> Firm or Individual Name	PAUL A. DURDIK, ESQ. SQUIRE, SANDERS & DEMPSEY L.L.P.
--	--

Address	600 Hansen Way
---------	----------------

City	Palo Alto	State	CA	ZIP	94304
------	-----------	-------	----	-----	-------

Country	U.S.A.
---------	--------

Telephone	(650) 856-6500	Fax	(650) 856-3619
-----------	----------------	-----	----------------

Place Customer
Number Bar Code
Label here

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Place Customer
Number Bar Code
Label here

SIGNATURE of Applicant or Assignee of Record

Name	Kenji Yamagami
------	----------------

Signature	
-----------	--

Date	12-13-01
------	----------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

SIGNATURE of Applicant or Assignee of Record

Name	
------	--

Signature	
-----------	--

Date	
------	--

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 form is submitted.